

# Antibiotic Stewardship in Behavioral Health Settings



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# Paint the Picture of Behavioral Health



# Medical vs. Behavioral Health Infection Prevention



- **No invasive medical procedures**
  - No Surgery, scopes, ventilators, indwelling catheters, etc.
- **Mental health is first priority, high acuity to become hospitalized**
- **Increased interaction between patients**
  - Patients are often not confined to their room
  - Dayrooms/group rooms
  - Increased risk for spread of infection

# Medical vs. Behavioral Health Infection Prevention



- Differing patient population presents with varying and unique challenges
  - Psychosis
  - Nonverbal
  - Homeless
  - Drug use
  - Cramped living conditions in group living facilities
  - Short length of stay in acute psychiatric facilities
  - Lack of health/dental care
  - Poor nutrition
  - Communicable diseases
  - Inability to care for self
  - Lack of resources and education

# Barriers/Struggles Specific to Behavioral Health



- Failure to identify infections at admission
  - Failure to isolate patients with lice, MRSA, etc upon admission
  - Group setting, spread of infection
- Noncompliance with isolation
- *Suicidal risk and isolation*
- Nonverbal or psychotic, unable to communicate symptoms/concerns
  - Importance of full body assessments upon admission
    - ✦ Challenges: Aggression, paranoid delusions, lack of trust, etc.

# Barriers/Struggles Specific to Behavioral Health



- **Lack of medical resources/testing in house**
  - Turn around time for lab testing
  - Lack of immediate access to various infection specific swab testing
    - ✦ Inability to keep constant stock due to lack of resources and frequency of use



# Barriers/Struggles Specific to Behavioral Health



- **Short length of stay in acute psychiatric settings**
  - Challenges providing lab confirmed infection diagnoses
    - ✦ ie: UTIs
  - Ensuring need for treatment is communicated to patient if patient is discharged prior to diagnosis
    - ✦ Additional challenges getting in communication with patients who are homeless

# Barriers/Struggles Specific to Behavioral Health



- Challenges with providing education due to mental status / lack of understanding
  - Potential long-term consequences even after discharge
    - ✦ Spread of community acquired infections
    - ✦ STIs, infections related to IV drug use, etc.
- Discharge not dependent on medical status
- Limited pharmacy involvement

# Stewardship Process



- Leadership Commitment
- Education to employees and providers
- Review of lab results
- Providers prescribing to current recommendations
- Time Out process and compliance
- Reporting of antibiotic use and stewardship

# Discussion/Questions



- Thank you!